CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

A PUBLIC DOCUMENT	COVER PAGE	NEG	EUVE
Please type or print in ink.		13	_
NAME OF FILER (LAST)	(FIRST)	MAK	201b
PADILLA	ADRIANA	LU.	
l. Office, Agenty, pour		Ву	
Agency Non			_
CALIFORMS LOSS TO THE REGENERAT	IVE MEDICINE		
Division, Board, Department, District, if applicable	Your Position		
	ICOC BOAR	D MEMBER	
► If filing for multiple positions, list below or on an attachn	nent. (Do not use acronyms)		
Agency:	Position:		
No. 1 April 12 Control of the Contro	e e e e e e e e e e e e e e e e e e e		
2. Jurisdiction of Office To tleast one box)			
✓ State	•	Commissioner (Statewide Jurisd	
Multi-County	County of		
☐ City of	Other		
3. Type of Salarman (Green of least one box)			
Annual: The particle covered a literary 1, 2015, through	igh Leaving Offic	e: Date Left/	
December 31, 2010.	(Check one)		
-or- The period covered is/	leaving offi	covered is January 1, 2015, threece.	ough the date of
Assuming Office: Date assumed/		covered is/// leaving office.	, through
Canakatine, natura yeur and		-	
1. Schedule automaty (must complete) ► Schedules attached	Total number of pages including	this cover page:	
	□ Dahadula C. Incomo	Loans, & Business Positions - s	cohodulo attached
Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached		- Gitts - schedule attached	scrioudio attacriod
Scherule 6 - Rec Propery - schedule attached		- Gifts - Travei Payments - sch	edule attached
-or-			
[] None was wonth as the on any sche	dule		
one the second second and successful and successful and accession of the second			30 St. 10
MAILING ADDRESS STREET	CITY	STATE ZIP C	CODE
(Business or Agency Address Recommended - Public Document)			
1999 HARFISON STREET	OAKLAND F-MAIL ADDRESS	CA 94612	
(510) (340) 2 100	APADILLA@CIR	M.CA.GOV	
I have used a 1-1 concern effiger to in a proving this stated herein and in account over schedules is the abelianiplete.	nent. I have reviewed this statement and t	s the best of my knowledge the i	nformation containe
i certify and a panalty of perjury under the laws of the)
Date Signed 3/16/16	Signature	- July VI	/
(month, vlay, year)		the originally signed statement with your filing	official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

* Select from drop down list

CALIFORNIA FORM 700

Name

Adriana R. Padilla

												fre the second
NAME AND ADDRESS OF BUSINESS ENTITY OR TRUST (Business Address Acceptable) (if Trust, go to 2)	GENERAL DESCRIPTION OF FAIR MARKET BUSINESS VALUE* ACTIVITY		LIST DATE ACQUIRED A OR or DISPOSED D (mm/dd/2015)	NATURE OF INVESTMENT (if "other," describe)*	YOUR BUSINESS POSITION	INCLUDE YOUR PRO RATA SHARE OF GROSS INCOME TO	LIST SINGLE SOURCES OF INCOME OF \$10,000 OR MORE	INVESTMENT. BUSINESS ENTITYNAME, AND BUSINESS ACTIVITY	REAL PROPERTY- LIST PRECISE LOCATION OF REAL PROPERTY	FAIR MARKET VALUE*	LIST DATE ACQUIRED A OR or DISPOSED D (mm/dd/2015)	NATURE OF INTEREST (if "other," describe)*
Louie F. Padilla and Rosa Padilla Revocable Living Trust	Rental Real Estate	Over \$1,000,000	7/30/2015	Trust	Beneficiary	\$1,001- \$10,000			724 Faller Avenue \$100,001 - Sanger, California \$1,000,000 93657. APN: 320- 143-07	5100,001 - 51,000,000		Ownership/Deed of Trust
				28				,	1532 4th Street \$10,001 - Sanger, California \$100,000 93657, APN: 317- 061-10	\$10,001 -		Ownership/Deed of Trust
									1708 5th Street \$100,001 - Sanger, California \$1,000,000 93657. APN: 317- 053-07	\$100,001 -		Ownership/Deed of Trust
			X						913 "P" Street \$10,001 - Sanger, California \$100,000 93657. APN: 317- 160-14	\$10,001 - \$100,000		Ownership/Deed of Trust
		100							1220 Lyon \$ Avenue Sanger, \$ California 93657. APN: 322-191-13	\$1,000,001 -		Ownership/Deed of Trust
									32			

FPPC Form 700 (2015/2016) Sch. A-2x FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
PADILLA

▶ 1. INCOME RECEIVED	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Community Medical Partners	Central California Faculty Medicine
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4005 N Fresno Street, Fresno CA 93726	4910 East Clinton Ave, Fresno, CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical	Medical
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Physician	Curriculum Development
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☑ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 · ☑ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
✓ Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.) Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
_	
(Describe)	(Describe)
Other(Describe)	☑ Other Consulting Fee
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	(Describe)
retall installment or credit card transaction, made in the members of the public without regard to your official stat regular course of business must be disclosed as follows	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	□ Beel Branch.
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
O + E.T. \$ 100,000	Other (Describe)
	(Describe)
Comments:	